



Bulletin No. B-4.18

Requirements for the Filing of Rates and Forms for Life, Accident and Health Carriers

I. Background and Purpose

The purpose of this bulletin is to provide carriers with comprehensive guidance on filing life, accident and health rates (includes rating rules or plans, i.e. experience rating), forms, and annual reports. If you are a multi-line company involved in property and casualty insurance, please refer to the “Requirements for the Filing of Rates and Forms for Property and Casualty Carriers.” This bulletin is being reissued, and it replaces the May 8, 2007 version. Following these guidelines and checklists will eliminate incomplete or unsupported rate, form, or annual filings, while providing greater protection to Colorado consumers. ***These checklists are to assist the carriers in preparing the filings; please do not send the checklists with the filings.***

The following checklists are provided for your information:

- Bona Fide Association Filings
- Credit Life, Accident and Health Insurance Form Certification Filings
- Credit Life, Accident and Health Insurance Rate Filings
- Excess Loss Insurance for Self-Insured Employer Health Benefit Plans under ERISA
- Health Form Certification Filings
- Health Rate Filings
- Health Reasonable Modification Filings
- Medicare Supplement Form Filings
- Medicare Supplement Rate Filings
- Prepaid Dental Form Filings
- Preneed Funeral Contract Certification Filings

This bulletin provides a standardized format for the certification of accident and health forms as prescribed in Colorado Regulation 1-1-6 for each Listing of New Policy Forms or Annual Report of Policy Forms. Additionally, the submission of a complete and supported filing should reduce costs to the insurance industry, Colorado consumers, and the Division of Insurance (DOI). The DOI has made reasonable efforts to ensure that all information made available in this bulletin is current, complete and accurate. The DOI does not warrant or represent that this information is current, complete and accurate.

Colorado insurance statutes and regulations require the filing and/or approval of insurance rates and applicable supporting documentation concurrent with or prior to distribution, release to producers, collection of premium, advertising, or any other use of the rate. The indicated effective date is the first date for which the rates are allowed to be used in the collection of premium and coincides with the beginning of the rating period. Other uses of the rates, such as distribution and advertising, can begin upon filing and/or approval as appropriate. See Colorado Regulation 4-2-11, Section 5 for filing guidelines, including the submission of prior approval rate filings 60 days prior to the effective date.

Forms may not be distributed, released to producers, advertised or used in any other manner prior to the 31 day waiting period or, if required by law, prior approval. Additionally, Colorado insurance statutes and regulations require the filing or approval of forms or form certifications. Companies shall use the most current revision of forms found in this bulletin.

II. Applicability and Scope

This bulletin is intended for companies, which include all property and casualty carriers (authorized to write life and health insurance); life and health carriers; non-profit hospital, medical-surgical, and health service corporations; health maintenance organizations (HMOs); and limited service licensed provider networks (LSLPNs). This bulletin does not require filings not otherwise required by statute or regulation, and it does not expand the authority of any regulations to include additional lines, such as life insurance.

III. Division Position

Existing law requires insurers to submit all filings through SERFF. Effective January 1, 2009, the Rates and Forms Section of the Division will no longer accept paper filings (with the exception of bona fide association(s)). Insurers shall, unless specifically exempted by this bulletin, regulation, or by order of the commissioner, submit all filings on or after January 1, 2009, via SERFF or the filings will be rejected and returned. This requirement pertains to all rate filings, form filings, annual reports including annual rate reports, Viatical/Life Settlements, Life Illustration filings and any other filings submitted to the Division by your company. A separate filing must be submitted for each type of per line of business (i.e. short term must be separate from long term).

Rate Filing

Confidential information: The Division does not allow a company to designate an entire filing as confidential, except as permitted by law. If confidential information is being submitted within a filing, a Confidentiality Index must be submitted separately in SERFF and made available to the public for inspection. The confidential information must be submitted as a separate exhibit, report or attachment and clearly marked CONFIDENTIAL HANDLING REQUESTED. Please see Colorado Bulletin B-1.15 for full details.

Rate/Rule Schedule Tab: All rate data fields in SERFF must be completed for each company in SERFF or the filing may be rejected. See SERFF's Industry Manual for guidance on each rate data field.

In accordance with Colorado statutes and regulations, insurers must submit rate filings with the required supporting documentation. The minimum required supporting documentation for any rate filing is documented in Colorado regulations. This bulletin contains the following form for use in conjunction with these regulations:

Colorado Form HR-1

Health carriers must submit a fully completed Form HR-1. A separate rate filing and Form HR-1 must be filed for each type of health coverage. A separate rate filing and Form HR-1 is required for each major line of business (e.g. large group, small group, individual, short term, long term, etc.). Each filing must be submitted as a separate document with proper supporting documentation attached to each. ***Only one Form HR-1 should be submitted with each rate filing.*** Form HR-1 is attached to this bulletin and reproduction by carriers is authorized and encouraged. The bulletin is also available on the Internet at: www.dora.state.co.us/Insurance.

Additionally, for health rate filings, supporting documentation equivalent to the following is required: (Please review Regulation 4-2-11(6) for a listing of all requirements.)

- Projections of the loss ratio, with and without any rate adjustment(s).

- All other supporting information necessary to develop or support the rate change.
- A complete description as to how the rate increase was calculated, including all underlying assumptions with appropriate justification.
- A side-by-side comparison of the current and proposed rates.
- For Medicare supplement policies and any other policies basing the increase on aggregate data, a complete description as to how the increase was allocated over the individual policy forms.
- For Medicare supplement policies, a loss ratio analysis by policy duration over all experience years, i.e., the historic loss ratio for each of the plan's durations. These loss ratios should be compared to the expected loss ratio for each duration period of the plan. If this ratio is not greater than or equal to 100% for the majority of the plan durations, the filing must clearly justify the need for any increase.

For Medicare supplement filings, please review Colorado Regulations 4-2-11 and 4-3-1 to ensure that all filings made are in compliance. Filings may be disapproved if they do not comply with Regulations 4-2-11 and 4-3-1 and does not include an analysis of the loss ratio by policy duration, for each plan, and a comparison of the actual-to-expected loss ratio by plan and in aggregate. An Actuarial Memorandum based on the underlying data set, should be part of the rate filing. If different rate changes are requested by plan, the memorandum should discuss how each rate change was determined.

It is allowable to submit a single filing for multiple Medicare supplement plans. However, the filing should only contain one of each of the following: Form HR-1, an aggregated actuarial memorandum, and aggregated supporting documentation. A rate filing can also be filed for each specific Medicare supplement plan if submitted with separate Form HR-1's, Actuarial memorandum and supporting documentation. An Actuarial Memorandum based on the underlying data set, should be part of each rate filing. If different rate changes are requested by plan, the memorandum should discuss how each rate change was determined.

NOTE: When coding Medicare Supplement filings, please **do not** use **MS06** for any filing except Medicare Supplement Advertising and Annual Reports such as Refund Calculations.

Form Certification Filings

Please do not submit actual forms with form certification filings per Regulation 1-1-6.

All carriers and other organizations authorized to conduct business in Colorado which provide health coverage, credit life/health insurance, excess loss, and/or preneed funeral contracts are required to fully execute and file with each Listing of New Policy Forms or Annual Report of policy forms the following certification forms:

- Colorado Health Coverage Certification Form for Listing of New Policy Forms (FORM HEALTH): This form must accompany all Listings of New Policy Forms of health insurance forms, subscription certificates, membership certificates, or other evidences of coverage.
- Colorado Health Coverage Certification Form for Annual Reports (FORM HEALTH ANNUAL): This form must accompany all Annual Reports of health insurance forms, subscription certificates, membership certificates, or other evidences of coverage. Please use Type of Insurance code H21 and State Specific Code of 849.
- Colorado Credit Insurance Policy Certification Form for Annual Reports and Listings of New Policy Forms (FORM CI): This form must accompany all Listings of New Policy Forms or Annual Reports of policy forms for credit insurance policies.—Please use a State Specific Code of 726.

- Colorado Preneed Certification Form for Annual Reports and Listings of New Contracts (FORM PN): This form must accompany all Listings of New Policy Forms or Annual Reports of preneed funeral contracts. Please use the appropriate State Specific Code of 710, 711, 712, or 713.
- Colorado Excess Loss Insurance for Self-Insured Employer Benefit Plans under ERISA Certification Form (FORM EXCESS LOSS): This form must accompany submission of the actual forms.

Each of these forms is attached to this bulletin. Reproduction by carriers is authorized and encouraged for any forms included in this bulletin.

PLEASE NOTE: Company officers must sign the certification forms and it must be an **original** signature (electronic signatures are not acceptable unless provided through a signature verification provider such as VeriSign). If the individual signing the certification is other than the president, vice president, assistant vice president, corporate secretary, assistant corporate secretary, CEO, CFO, COO, general counsel, or an actuary who is also a corporate officer, **please include documentation that shows that this individual has been appointed as an officer of your organization by the Board of Directors. This documentation should be submitted with each filing.**

IV. Additional Division Resources

A. For More Information

Colorado Division of Insurance
Rates and Forms Section
1560 Broadway, Suite 850
Denver, CO 80202
Tel. 303-894-7499
Internet: <http://www.dora.state.co.us/insurance>

B. Related Division Regulations

1-1-6
4-2-11
4-2-27
4-3-1
4-4-1
4-6-7
4-9-2

V. History

- Issued October 26, 2005.
- Reissued November 10, 2005.
- Reissued May 1, 2007.
- Reissued October 1, 2009
- Reissued May 1, 2010

This bulletin and its forms are available on the Colorado DOI Internet website, at:
<http://www.dora.state.co.us/insurance>

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STATE OF COLORADO
COMPANY CHECKLIST FOR HEALTH RATE FILINGS

REQUIRED ITEMS FOR COMPLETE FILING

REQUIRED	INFORMATION	STATUTORY/ REGULATION/ INFORMATION CITE
Letter of Authority	<ul style="list-style-type: none"> • If a filing is being submitted by a third party on behalf of the insurance entity, a copy of the letter authorizing the third party to make the filing is required to be submitted with each filing. • The filing must be submitted under the insurance entity's name and using the proper NAIC Company Code. 	§ 10-16-107, C.R.S.
Form HR-1	<ul style="list-style-type: none"> • Must accompany all submissions • Effective dates must <i>not</i> be <i>retroactive</i>. If resubmitting, filing and effective date must be current date • Only one HR-1 should be submitted with each filing • All fields must be completed except where indicated 	<u>Colorado Regulation 4-2-11 (5)</u>
Actuarial Certification	<ul style="list-style-type: none"> • Should be signed and dated by a qualified actuary stating that the rates are “not excessive, inadequate or unfairly discriminatory”. 	<u>Colorado Regulation 4-2-11 (5)</u>
Actuarial Memorandum	Must contain a description of the items in the left column and must be in the designated order shown below:	<u>Colorado Regulation 4-2-11</u>
A. Summary of the reasons for the rate filing	<ul style="list-style-type: none"> • Must summarize the reasons for the rate filing, the marketing method(s), premium classifications, age basis, and product descriptions • Include policy, rider, or endorsement numbers impacted by this filing 	<u>Colorado Regulation 4-2-11 (6)</u>
B. Assumption or Acquisition	<ul style="list-style-type: none"> • Must clearly state the company the block was acquired from and the date 	<u>Colorado Regulation 4-2-11 (6)</u>

C. Rating Period	<ul style="list-style-type: none"> Must clearly identify the period for which the rates will be effective 	<u>Colorado Regulation 4-2-11 (6)</u>
D. Effect of Underwriting on the Rates	<ul style="list-style-type: none"> Must describe the extent to which the product will be underwritten. The separate effects of specific types of underwriting should be identified. 	<u>Colorado Regulation 4-2-11 (6)</u>
E. Effect of Law Changes on the Rates	<ul style="list-style-type: none"> Must describe the extent to which the rate changes are due to changes in law or regulation 	<u>Colorado Regulation 4-2-11 (6)</u>
F. Rate History	<ul style="list-style-type: none"> Must include a chart indicating the rate changes implemented for the 3 years preceding the date of the filing and the cumulative effect, on renewal rates, of all rate changes in the past year, including range of increases Should be provided on both a Colorado and average nationwide basis 	<u>Colorado Regulation 4-2-11 (6)</u>
G. Coordination of Benefits	<ul style="list-style-type: none"> Loss experience presented must be net of coordination of benefits 	<u>Colorado Regulation 4-2-11 (6)</u>
H. Relation of Benefits to Premium	<ul style="list-style-type: none"> Must adequately support the reasonableness of the projected benefits to the projected earned premiums (at least three alternatives are offered) Must list and adequately support each specific component of the retention percentage (retention percentage is equal to 1 minus the targeted/lifetime loss ratio) 	<u>Colorado Regulation 4-2-11 (6)</u>
I. Lifetime Loss Ratio	<ul style="list-style-type: none"> Must state whether or not the product was priced initially using a lifetime loss ratio standard Must provide a chart showing the actual and expected benefits ratios and the ratio of these two benefits ratios 	<u>Colorado Regulation 4-2-11 (6)</u>
J. Profit Provision	<ul style="list-style-type: none"> Must identify the amount or percentage of the provision for profit and contingencies (pre tax or after tax) and how this provision is included in the final rate Must provide detailed support for any proposed load in excess of 7% after tax 	<u>Colorado Regulation 4-2-11 (6)</u>
K. Explanation of Rates	<ul style="list-style-type: none"> Must describe completely how the rates were determined Must provide support for all underlying rate assumptions 	<u>Colorado Regulation 4-2-11 (6)</u>

L. Trend	<ul style="list-style-type: none"> Must describe and support the trend assumptions used in pricing 	<u>Colorado Regulation 4-2-11 (6)</u>
M. Credibility	<ul style="list-style-type: none"> Must discuss the credibility of the Colorado data with the proposed rates and must also discuss how and if the aggregated data meets the credibility requirement 	<u>Colorado Regulation 4-2-11 (6)</u>
N. Data Description	<ul style="list-style-type: none"> Must include Colorado experience for the past 3 years and any additional supplement experience Rate changes should be based upon as much Colorado data as possible The experience must include consecutive data no older than 9 months prior to proposed effective date 	<u>Colorado Regulation 4-2-11 (6)</u>
O. Side-by-Side Comparison	<ul style="list-style-type: none"> Must contain a side-by-side comparison comparing the old rating factors, the new rating factors, and the percentage change for each rate and/or rating factors that have been modified New rating factors must be included along with detailed support for each new rating factor 	<u>Colorado Regulation 4-2-11 (6)</u>
P. Benefits Ratio Projections	<ul style="list-style-type: none"> Must project the benefits ratio over the rating period both with and without the requested increase 	<u>Colorado Regulation 4-2-11 (6)</u>
Q. Description of Other Rating Facts	<ul style="list-style-type: none"> Must clearly display and support all other rating factors and definitions including the area factors, gender factors, age factors, etc. 	<u>Colorado Regulation 4-2-11 (6)</u>

Additional requirements for the following lines of business:

A. Individual	Specific Individual Rate Filing Requirements	<u>Colorado Regulation 4-2-11 (7)</u>
B. Small Group	Specific Small Group Rate Filing Requirements	<u>Colorado Regulations 4-2-11 (7) & 4-6-7</u>
C. Large Group	Specific Large Group Rate Filing Requirements	<u>Colorado Regulation 4-2-11 (7)</u>
D. Valid Multi-State Association Groups	Specific Valid Multi-State Association Group filing Requirements	<u>Colorado Regulation 4-2-11 (7)</u>
E. Medicare Supplement	Specific Medicare Supplement Rate Filing Requirements <ul style="list-style-type: none"> Provide a specific actuarial certification 	<u>Colorado Regulations 4-2-11 (7), 4-3-1</u> <u>4-3-1 (14)(H)</u>

F. Long-Term Care	Specific Long-Term Care Rate Filing Requirements Filings must: <ul style="list-style-type: none"> • Demonstrate that investment income has been considered in the development of the rate; • Provide the expected benefits ratios for both the experience period and the projection period; • Provide the ratio of the actual benefits ratio to the expected benefits ratio for each year of the life of the policy on both a durational and calendar year basis; • Provide a discussion as to how the original pricing assumptions have changed historically, and how the assumptions for the future period compare to the original pricing assumptions and the current rating assumptions; and • Provide a specific actuarial certification for new and existing Long-Term Care policies. 	<u>Colorado Regulations</u> <u>4-2-11 (7) & (5)</u> <u>& 4-4-1</u>
		<u>4-4-1 (10)</u>
G. Disability Income	Specific Disability Income Rate Filing Requirements Filings must: <ul style="list-style-type: none"> • Have a separate filing submitted for short-term disability and long term disability • Demonstrate that investment income has been considered in the development of the rate 	<u>Colorado Regulation</u> <u>4-2-11 (7)(G)</u>
H. HMO	Specific HMO Rate Filing Requirements	<u>Colorado Regulation</u> <u>4-2-11 (7)</u>
I. LSLPN	Specific LSLPN Rate Filing Requirements	<u>Colorado Regulation</u> <u>4-2-11 (7)</u>

PLEASE DO NOT SUBMIT THIS CHECKLIST IN WITH THE FILING

State Of Colorado
Health Rate Filing Form
Form HR-1

Must Be Completed For All Products		SERFF FILING #
1. Company:		
2. Person Responsible For Filing:	3. Title:	
4. Address Of Responsible Person:	5. Telephone #: ext.	
6. Email Address:		
7. Type Of Coverage: Other :		
8. Medicare Supplement: Not Applicable (1) Prestandardized Plan(s): (2) Standardized Plan(s): <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> FHD <input type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> I <input type="checkbox"/> J <input type="checkbox"/> JHD <input type="checkbox"/> K <input type="checkbox"/> L (3) 2010 Plans: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> F <input type="checkbox"/> FHD <input type="checkbox"/> G <input type="checkbox"/> K <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> N		
9. Sub Category:		
10. A. Group Information: B. Name of association or trust (<i>if applicable</i>): C. Description of discretionary group(<i>if applicable</i>):		
11. Colorado State Code(s):		
12. Brief Filing Description (Disability, Major Medical, LTC, Etc. Also Describe All Methodology Changes.):		
13. Reason For Filing: Increase In Benefits? Reduction In Benefits? Increase in Profits? Change Needed To Meet Projected Losses? Trend Only? Change In Rating Methodology? New Product (Initial Offering As Opposed To Rate Revision)? Other? (If other, please explain)	<div style="display: flex; justify-content: space-between;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div> <div style="display: flex; justify-content: space-between;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div> <div style="display: flex; justify-content: space-between;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div> <div style="display: flex; justify-content: space-between;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div> <div style="display: flex; justify-content: space-between;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div> <div style="display: flex; justify-content: space-between;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div> <div style="display: flex; justify-content: space-between;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div> <div style="display: flex; justify-content: space-between;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
14. Policy Form(s) Affected:		

15. If Rider Or Endorsement, Type Of Benefits?		
16. Closed Block(s)? Yes No Date Block Closed:		
17. Number Of Colorado Covered Lives (Including Employees And Dependents):		
18. A. Rating Period: From To B. Experience Period: From To C. Reason for Rate Change: D. Average Change In Rates From One Year Prior To Effective Date:		<input type="checkbox"/> N/A (New Product)
19. A. Rate Change Without Trend: B. Trend for Rating Period (if trend factor is used in rates): C. Overall Rate Impact Change:		
20. A. Current Underlying Annualized Trend Assumption (If Applicable): B. Requested Underlying <i>Annualized</i> Trend Assumption (If Applicable):		
21. A. What Is The Maximum Rate Change That Can Affect A Policyholder? B. What Is The Minimum Rate Change That Can Affect A Policyholder? (If the selected rate change differs from the indicated rate change, please fully detail in the actuarial memorandum in section 6K.)		
Benefits Ratios (On Colorado only basis)		
22. A. <u>Targeted Benefits Ratio over Rating Period</u> (assumed in calculation of rates):		
B. Actual Benefits Ratio over Experience Period:		<input type="checkbox"/> N/A (New Product)
23. A. Projected Benefits Ratio With Rate Change over Rating Period B. Projected Benefits Ratio Without Rate Change over Rating Period	<input type="checkbox"/> Colorado <input type="checkbox"/> Colorado/Nationwide <input type="checkbox"/> Nationwide Basis	<input type="checkbox"/> N/A (New Product)
(If projected benefits ratios on a Colorado only basis are not available, then ratios developed on a blended Colorado/Nationwide or Nationwide basis are acceptable. Please indicate above.)		
24. Proposed Effective Date:		
25. A. Total Annual Colorado Written Premium Before Change(s): \$ B. Total Annual Colorado Written Premium After Change(s): \$ C. Written Premium Change For This Product (Net Change): \$		<input type="checkbox"/> N/A (New Product)
26. A. Effective Date of Previous Rate Filing for this Form (including initial filing): B. Previous SERFF Filing Number(s): C. Overall Percentage of Last Rate Change for Affected Policy Forms:		<input type="checkbox"/> N/A (New Product)
27. Experience Provided: <input type="checkbox"/> Nationwide <input type="checkbox"/> Colorado <input type="checkbox"/> other (specify)		<input type="checkbox"/> N/A (New Product)
28. Small Group Filings Only: Unique Single Index Rate (Effective For All Small Group Plans):		

When completed, please hit the button to the right and also attach to filing in SERFF.

ACTUARIAL MEMORANDUM

Pursuant to Colorado Regulation 4-2-11 Section 6, rate filings must contain an Actuarial Memorandum. The Division of Insurance developed this template Memorandum, to reduce the number of returned incomplete filings. **For additional information and tables to be added please enter in the "additional information" field under each section where appropriate.** Review Colorado Regulation 4-2-11 Section 6 for detailed instructions at: http://www.dora.state.co.us/insurance/regs/F4-2-11_1109.pdf

General filing requirements, Actuarial Certification requirements, and submission requirements are identified in [Section 5](#) of Colorado Regulation 4-2-11. For requirements by line of business, see [Section 7](#) of this regulation. Rate filings submitted without ALL requirements of the regulations could be disapproved or rejected by the Colorado Division of Insurance.

Company:	
NAIC #:	
SERFF Filing #:	

A. SUMMARY

1. Reason(s):	
2. Marketing method(s):	<input type="checkbox"/> Agency / Broker <input type="checkbox"/> Internet <input type="checkbox"/> Direct Response <input type="checkbox"/> Other:
3. Premium Classification(s):	
4. Product Description(s):	
5. Policy Forms Impacted:	
6. Age Basis:	<input type="checkbox"/> Issue Age <input type="checkbox"/> Renewal Age <input type="checkbox"/> Attained Age <input type="checkbox"/> Both Issue & Attained Age Other:
Additional Information:	

B. ASSUMPTION, MERGER OR ACQUISITION

1. Is product part of assumption, acquisition, or merger (from or with another company)?			
	Assumption:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Acquisition:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Merger:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. If yes, provide name of company(s):			
3. Closing Date of assumption, merger or acquisition:			
Additional Information:			

C. RATING PERIOD

Proposed Effective Date:	(MM/DD/YYYY)
Rating Period:	to
Additional Information:	

D. UNDERWRITING1. ☐ New Product

Provide a brief description, including expected impact on claim costs by duration and in total:

2. ☐ Existing Product

Provide Changes:

Additional Information:

E. EFFECT OF LAW CHANGES

Identify and quantify changes resulting from mandated benefits and other law changes:

☐ N/A

Additional Information:

F. RATE HISTORY

Provide rate changes made in at least the last three years (If available)

☐ Initial Filing**COLORADO**

State Tracking Number	Effective Date	% OF CHANGE			
		Minimum	Average	Maximum	Cumulative for past 12 Months

NATIONWIDE

Effective Date	Average % of change	Cumulative for past 12 Months

Additional Information:

G: COORDINATION OF BENEFITS

Provides actual loss experience net of any savings:

Yes ☐ No ☐

Additional Information:

H. RELATIONSHIP OF BENEFITS TO PREMIUM1. *Medicare Supplement and Long-Term Care Policies:* See Section 7(E) and 7(F) of this regulation.2. *Retention Percentage:*

- Adequately support the reasonableness of the relationship of the projected benefits to projected earned premiums for the rating period.
- Each component should reflect the average assumption used in pricing averaged over all pricing cells, policy durations, benefit levels, etc.
- If the product **was not** initially priced using a lifetime loss ratio standard, the retention percentage is equal to 1 minus the **targeted** loss ratio.
- If the product was initially priced using a lifetime loss ratio standard, the retention percentage is equal to 1 minus the **lifetime** loss ratio.

Description	Percentage	Support
Commissions		
General expenses		
Premium taxes		
Profit/Contingencies		
Investment Income		
Other		
Total Retention		

Benefits Ratio Guidelines: The Division recommended benefit ratio guidelines are listed below. Targeted loss ratios below these

Minimum Loss Ratio Guidelines	
Comp Major Med (Individual)	65%
Comp Major Med (Small Group)	70%
Comp Major Med (Large Group)	75%
Specified or Dread Disease	60%
Limited Benefit Plan	60%
Disability Income	60%
Dental/Vision	60%
Stop Loss	60%
Conversion Products (mandatory minimum)	125%

For individual products issued to HIPAA eligible individuals, the premiums for these products cannot be more than 2 times the

Targeted Loss Ratio:

(This number should equal 1 minus the total retention percentage listed above.)

Additional Information:

☐ N/A

1. Was the product priced initially using a lifetime loss ratio standard?	<input type="checkbox"/> Yes	No	If so please provide
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2. Average policy duration in years as of the end of the experience period:	
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3. Experience Period:	
-----------------------	--

Experience Period	
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Year	Earned Premiums	Incurred Claims	Actual Benefit	Expected Benefits Ratio	Ratio of Actual/ Expected Benefits Ratio

Rating Period	
---------------	--

Year	Earned Premiums	Incurred Claims	Projected Benefits Ratio	Expected Benefits Ratio	Ratio of Projected/

Note If additional information is required (extremely large tables) Please copy and paste tables into the row below labeled “additional information” or attach properly labeled exhibits and list exhibit name under additional information.

<p>4. Interest Rate used to determine accumulated values and present values in the above tables:</p>	
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J. PROVISION FOR PROFIT AND CONTINGENCIES

If material, investment income from unearned premium reserves, reserves from incurred losses, and reserves from incurred but not

1. Provision for Profit and Contingencies:

Pre-FIT ☐

After tax ☐

2. Proposed load in excess of 7% after tax.

Provide detailed support:

Additional information:

K. DETERMINATION OF PROPOSED RATES

Include all underlying rating assumptions, with detailed support for each assumption. This explanation may be on an aggregate expected loss basis or as a per-member-per-month (PMPM) basis.

1. Explain, in detail, how rates and/or rate changes were developed:

2. Provide adequate support for all assumptions and methodologies used:

Additional Information:

L. TREND

- Describe the trend assumptions used in pricing. Each assumption must be separately discussed, adequately supported, and
- Any and all factors affecting the projection of future claims must be presented and adequately supported.
- If practical, separately list each trend component using the categories below. The Total Average Annualized Trend MUST be
- Underwriting wearoff means the gradual increase from initial low expected claims that result from underwriting selection to

Itemized trend component	Trend (%)
MEDICAL TREND (total)	
Medical provider price increase	
Utilization changes	
Medical cost shifting	
Medical procedures and new technology	
INSURANCE TREND (total)	
Underwriting wearoff	
Deductible leveraging	
Antiselection	
PHARMACEUTICAL TREND (total)	
Price increases	
Utilization changes	
Cost shifting	
Introduction of new brand and generic drugs	
TOTAL AVERAGE ANNUALIZED TREND (required)	

Additional information:

M. CREDIBILITY

The Colorado standard for fully credible data is 2,000 life years and 2,000 claims. Both standards must be met within a maximum of

- Discuss the credibility of the Colorado data with the proposed rates based upon as much Colorado data as possible.
- Identify and discuss the source, applicability and use of collateral data used to support partially credible Colorado data. The
- The formula for determining the amount of credibility to assign to the data is $\text{SQRT}\{(\# \text{life years or claims}) / \text{full credibility}\}$

1. Credibility Percentage (Colorado Only):

If other, please specify

The above credibility percentage is based upon:

- ☐ Life Years ☐ Claims
☐ Other (please specify)

2. Number of years of data used to calculate above credibility percentage:

3. Discuss how and if aggregated data meets the Colorado credibility requirement and how the rating methodology was modified for the partially credible data, if applicable.

Additional Information: (including collateral data, if used)

N. DATA REQUIREMENTS

Colorado-only basis for at least 3 years. **Include** national, regional or other appropriate basis, if the Colorado data is not fully credible.

COLORADO

Year*	Earned Premium	Incurred	Loss Ratio	Average Covered Lives	Number of	Colorado On Rate Level Premium
2007						
2008						
2009						
01/2010 –MM/2010						

*This column should be Calendar Year. If fractional year is used, identify period as MM/YYYY – MM/YYYY

Above data is for:

- ☐ N/A ☐ Existing Product ☐ Comparable Product ☐ Other _____ (please specify)

OTHER DATA

	Earned Premium	Incurred Claims	Average Covered Lives	Number of Claims

Above data is for:
(Check all the apply)

- ☐ N/A ☐ Existing Product ☐ Comparable Product ☐ National
☐ Other (please specify) _____

Experience Period:

From to

Additional Information:

O. SIDE-BY-SIDE COMPARISON☐ N/A

If the proposed rating factor(s) are new, the memorandum must specifically so state, and provide detailed support for each of the factors.

Description	Current Rate/ Rating Factor/	Proposed Rate/ Rating	Percentage Increase/
If the above table is not used, please identify the location of the Side-by-Side Comparison in the rate filing:			
Description and detailed support for new rating factor(s):			
Additional Information:			

P. BENEFITS RATIO PROJECTIONS**PROJECTED EXPERIENCE FOR RATING PERIOD**

	Premiums	Incurred Claims	Benefits Ratio
Projected Experience Without Rate Change			
Projected Experience With Rate Change			
If priced using a lifetime loss ratio standard, the above projections should show the projected lifetime loss ratios and should include the entire lifetime of the product(s), or a time frame over which the lifetime loss ratio will be achieved. Above projections include (check only one box):		<input type="checkbox"/> Colorado <input type="checkbox"/> Nationwide <input type="checkbox"/> Blended CO/Nationwide <input type="checkbox"/> Other (please specify) _____	
Additional Information:			

Q. OTHER FACTORS

Identify and provide support for other rating factors and definitions, including area factors, age factors, gender factors, etc.:	
Additional Information:	

STATE OF COLORADO

COMPANY CHECKLIST FOR HEALTH FORM CERTIFICATION FILINGS

REQUIRED ITEMS FOR A COMPLETE FILING

REQUIRED	INFORMATION	STATUTORY/ REGULATION/ INFORMATION CITE
Letter of Authority	<ul style="list-style-type: none"> If a filing is being submitted by a third party on behalf of the insurance entity, a copy of the letter authorizing the third party to make the filing is required to be submitted with each filing. The filing must be submitted under the insurance entity's name and using the proper NAIC Company Code. 	§10-16-107.2, C.R.S.
Certification of Compliance	<ul style="list-style-type: none"> The exact wording of the certification must be used. It must contain an original signature of a company officer (president, vice president, corporate secretary, assistant corporate secretary, CEO, CFO, COO, general counsel, or an actuary who is a company officer). Note: Electronic signatures are not acceptable unless provided through a signature verification provider such as VeriSign). If the certification is not signed by one of the individuals listed above, documentation showing that the individual signing the certification has been appointed by the Board of Directors as a company officer must accompany each filing. 	<p>§10-16-107.2(1) and (2), C.R.S.</p> <p>Colorado Regulation 1-1-6</p> <p>Colorado Bulletin B-4.18</p> <p>Exhibits: New Policy Forms: (FORM HEALTH)</p> <p>Annual Report of Forms: (FORM HEALTH ANNUAL)</p>
Listing of New Form(s) OR Annual Report of Forms	<ul style="list-style-type: none"> Must be a separate document which lists: <ul style="list-style-type: none"> Line of insurance (e.g., individual health, large group, dental, etc.) Form Numbers Form Titles Must have an Effective Date for Use in Colorado that is at least 31 days after the SERFF submission date (new forms only) Do not submit actual forms (except long term care) Annual reports must be filed prior to December 31 of each year 	<p>§10-16-107.2(1) and (2), C.R.S.</p> <p>Colorado Regulation 1-1-6</p> <p>Colorado Bulletin B-4.18</p>
Long-Term Care	<ul style="list-style-type: none"> Must contain certification form Must submit all actual forms (including disclosure documents) Must contain listing of forms 	<p>Colorado Regulation 4-4-1 Sections 9 and 10</p>

PLEASE DO NOT SUBMIT THIS CHECKLIST IN WITH THE FILING

FORM HEALTH

COLORADO HEALTH COVERAGE CERTIFICATION FORM FOR LISTING OF NEW POLICY FORMS

I, THE UNDERSIGNED OFFICER OF _____
(Name of Entity)

AM KNOWLEDGEABLE OF HEALTH COVERAGES;

HAVE CAREFULLY REVIEWED THE CONTENTS OF THE POLICY FORMS, APPLICATIONS, SUBSCRIPTION CERTIFICATES, MEMBERSHIP CERTIFICATES OR OTHER EVIDENCES OF HEALTH CARE COVERAGE IDENTIFIED ON THE ATTACHED LISTING OF NEW POLICY FORMS WHICH IS HEREBY FILED WITH THE COLORADO COMMISSIONER OF INSURANCE;

HAVE READ AND UNDERSTAND EACH OF THE APPLICABLE COLORADO LAWS AND-REGULATIONS;

HAVE REVIEWED, SIGNED AND PLACED ON FILE AT THE COMPANY'S OFFICES THE HEALTH COVERAGE COMPLIANCE GUIDE;

AM AWARE OF THE PENALTIES WHICH MAY BE ENFORCED FOR CERTIFICATION OF A NONCOMPLYING FORM; AND

CERTIFY, TO THE BEST OF MY GOOD FAITH, KNOWLEDGE AND BELIEF, THAT THE POLICY FORMS, APPLICATIONS, SUBSCRIPTION CERTIFICATES, MEMBERSHIP CERTIFICATES OR OTHER EVIDENCES OF HEALTH CARE COVERAGE IDENTIFIED ON THE LISTING OF NEW POLICY FORMS, FILED WITH THIS CERTIFICATION, PROVIDE ALL REQUIRED BENEFITS AND ARE IN FULL COMPLIANCE WITH ALL COLORADO INSURANCE LAWS AND REGULATIONS.

(**Original** Signature of Officer*)

(Title of Officer*)

(Printed Name of Officer*)

(Date)

* *If the individual signing the certification is other than the president, vice president, assistant vice president, corporate secretary, assistant corporate secretary, CEO, CFO, COO, general counsel, or an actuary that is also a corporate officer, documentation must be included that shows that this individual has been appointed as an officer of the organization by the Board of Directors.*

FORM HEALTH ANNUAL
COLORADO HEALTH COVERAGE
CERTIFICATION FORM FOR ANNUAL REPORTS

I, THE UNDERSIGNED OFFICER OF _____
(Name of Entity)

AM KNOWLEDGEABLE OF HEALTH COVERAGES;

HAVE CAREFULLY REVIEWED THE CONTENTS OF THE POLICY FORMS, APPLICATIONS, SUBSCRIPTION CERTIFICATES, MEMBERSHIP CERTIFICATES OR OTHER EVIDENCES OF HEALTH CARE COVERAGE IDENTIFIED ON THE ATTACHED ANNUAL REPORT WHICH IS HEREBY FILED WITH THE COLORADO COMMISSIONER OF INSURANCE;

HAVE READ AND UNDERSTAND EACH OF THE APPLICABLE COLORADO LAWS AND REGULATIONS;

AM AWARE OF THE PENALTIES WHICH MAY BE ENFORCED FOR CERTIFICATION OF A NONCOMPLYING FORM;
AND

CERTIFY THAT THE POLICY FORMS, APPLICATIONS, SUBSCRIPTION CERTIFICATES, MEMBERSHIP CERTIFICATES OR OTHER EVIDENCES OF HEALTH CARE COVERAGE IDENTIFIED ON THE ANNUAL REPORT FILED WITH THIS CERTIFICATION, PROVIDE ALL REQUIRED BENEFITS AND ARE IN FULL COMPLIANCE WITH ALL COLORADO INSURANCE LAWS AND REGULATIONS.

(**Original** Signature of Officer*)

(Title of Officer*)

(Printed Name of Officer*)

(Date)

* *If the individual signing the certification is other than the president, vice president, assistant vice president, corporate secretary, assistant corporate secretary, CEO, CFO, COO, general counsel, or an actuary that is also a corporate officer, documentation must be included that shows that this individual has been appointed as an officer of the organization by the Board of Directors.*

STATE OF COLORADO

COMPANY CHECKLIST FOR CREDIT INSURANCE RATE FILINGS

REQUIRED ITEMS FOR A COMPLETE FILING

REQUIRED	INFORMATION	STATUTORY/ REGULATION/ INFORMATION CITE
Letter of Authority	<ul style="list-style-type: none"> If a filing is being submitted by a third party on behalf of the insurance entity, a copy of the letter authorizing the third party to make the filing is required to be submitted with each filing. The filing must be submitted under the insurance entity's name and using the proper NAIC Company Code. 	§10-16-107, C.R.S.
Form HR-1	<ul style="list-style-type: none"> Must accompany all submissions Effective dates must <i>not</i> be <i>retroactive</i>. If resubmitting, filing and effective date must be current Colorado Bulletin B-4.18 has specific instructions for Credit entities 	<u>Colorado Bulletin B-4.18</u>
Actuarial Memorandum	<ul style="list-style-type: none"> All credit rate filings must either use the specified component-based rates or credibly demonstrate that a proposed rate will produce a loss ratio of at least 40% 	<u>§10-10-109(2.5), C.R.S.</u> <u>Colorado Regulation 4-9-2(12)(B)&(D)</u>
	<ul style="list-style-type: none"> Experience of earned premiums, incurred losses and calculated loss ratios for the prior three years, or all available experience, if less than three (3) years. Rates and rating data must be based on Colorado data to the extent that it is credible. 	<u>Colorado Regulation 4-9-2 (12)(D)(1)</u>
	<ul style="list-style-type: none"> Target or expected loss ratio 	<u>Colorado Regulation 4-9-2 (12)(D)(2)</u>
	<ul style="list-style-type: none"> Quantification of any benefit changes 	<u>Colorado Regulation 4-9-2 (12)(D)(3)</u>
	<ul style="list-style-type: none"> Rate development 	<u>Colorado Regulation 4-9-2 (12)(D)(4)</u>
	<ul style="list-style-type: none"> Analysis of credibility, and use of collateral data such as company experience in other states for similar policies, industry experience, mortality tables or morbidity tables 	<u>Colorado Regulation 4-9-2 (12)(D)(5)</u>
	<ul style="list-style-type: none"> Demonstrate compliance with loss ratio standard 	<u>Colorado Regulation 4-9-2 (12)(D)(6)</u>
	<ul style="list-style-type: none"> Certification by a qualified actuary 	<u>Colorado Regulation 4-9-2 (12)(E)(7)</u>

STATE OF COLORADO
COMPANY CHECKLIST FOR CREDIT INSURANCE
FORM CERTIFICATION FILINGS

REQUIRED ITEMS FOR A COMPLETE FILING

REQUIRED	INFORMATION	STATUTORY/ REGULATION/ INFORMATION CITE
Letter of Authority	<ul style="list-style-type: none"> • If a filing is being submitted by a third party on behalf of the insurance entity, a copy of the letter authorizing the third party to make the filing is required to be submitted with each filing. • The filing must be submitted under the insurance entity's name and using the proper NAIC Company Code. 	<u>§10-16-107.2, C.R.S.</u>
Certification of Compliance	<ul style="list-style-type: none"> • The exact wording of the certification must be used • It must contain an original signature of a company officer (president, vice president, corporate secretary, assistant corporate secretary, CEO, CFO, COO, general counsel, or an actuary who is a company officer) • <i>Note: Electronic signatures are not acceptable unless provided through a signature verification provider such as VeriSign.</i> • If the certification is not signed by one of the individuals listed above, documentation showing that the individual signing the certification has been appointed by the Board of Directors as a company officer must accompany each filing. 	<p><u>§10-10-109(1), C.R.S.</u></p> <p><u>Colorado Regulation 4-9-2 (11)(A)(1) and (B)</u></p> <p><u>Colorado Bulletin B-4.18 Exhibit: FORM CI</u></p>
<p>Listing of New Form(s)</p> <p style="text-align: center;">OR</p> <p>Annual Report of Forms</p>	<ul style="list-style-type: none"> • Submit as a separate document. This listing should not be on a cover letter or included with anything else in the submission. It should include: <ul style="list-style-type: none"> • Line of insurance (e.g., group credit disability, etc.) • Form Numbers • Form Titles • Description of new policy form(s) • <u>Must have an Effective Date for Use in Colorado that is at least 31 days after the SERFF submission date</u> (new forms only) • Do not submit actual forms • Annual reports to be filed prior to July 1 of each year 	<p><u>§10-10-109(3)(a) and (b), C.R.S.</u></p> <p><u>Colorado Regulation 4-9-2 (11)(A)(1) and (2)</u></p>

PLEASE DO NOT SEND THIS CHECKLIST IN WITH THE FILING

FORM CI

**COLORADO CREDIT INSURANCE POLICY CERTIFICATION FORM
FOR ANNUAL REPORTS AND LISTINGS OF NEW POLICY FORMS**

I, THE UNDERSIGNED OFFICER OF _____
(Name of Entity)

AM KNOWLEDGEABLE OF CREDIT INSURANCE;

HAVE CAREFULLY REVIEWED THE CONTENTS OF THE POLICY FORMS IDENTIFIED ON THE ATTACHED LISTING OF NEW POLICY FORMS OR ANNUAL REPORT WHICH IS HEREBY FILED WITH THE COLORADO COMMISSIONER OF INSURANCE;

HAVE READ AND UNDERSTAND EACH OF THE APPLICABLE COLORADO LAWS AND REGULATIONS;

AM AWARE OF THE PENALTIES WHICH MAY BE ENFORCED FOR CERTIFICATION OF A NONCOMPLYING FORM; AND

CERTIFY THAT THE POLICY FORMS IDENTIFIED ON THE LISTING OF NEW POLICY FORMS OR ANNUAL REPORT, FILED WITH THIS CERTIFICATION, ARE IN FULL COMPLIANCE WITH ALL RELEVANT COLORADO INSURANCE LAWS AND REGULATIONS.

(**Original** Signature of Officer*)

(Title of Officer*)

(Printed Name of Officer*)

(Date)

** If the individual signing the certification is other than the president, vice president, assistant vice president, corporate secretary, assistant corporate secretary, CEO, CFO, COO, general counsel, or an actuary that is also a corporate officer, documentation must be included that shows that this individual has been appointed as an officer of the organization by the Board of Directors.*

STATE OF COLORADO
COMPANY CHECKLIST FOR PRENEED FUNERAL CONTRACT
CERTIFICATION FILINGS

REQUIRED ITEMS FOR A COMPLETE FILING

REQUIRED	INFORMATION	STATUTORY/ REGULATION/ INFORMATION CITE
<p style="text-align: center;">Certification of Compliance</p> <p>(To be used with manuscript and prototype preneed contracts)</p>	<ul style="list-style-type: none"> The exact wording of the certification must be used It must contain an original signature of an entity officer (president, vice president, corporate secretary, assistant corporate secretary, CEO, CFO, COO, general counsel, or an actuary who is an entity officer) Note: Electronic signatures are not acceptable unless provided through a signature verification provider such as VeriSign). If the certification is not signed by one of the individuals listed above, documentation showing that the individual signing the certification has been appointed by the Board of Directors as an entity officer must accompany each filing. 	<p style="text-align: center;"><u>§10-15-105(1)(b)(II) and (III), C.R.S.</u></p> <p style="text-align: center;"><u>Colorado Bulletin B-4.18</u></p> <p style="text-align: center;"><u>Exhibits: FORM PN</u></p>
<p style="text-align: center;">Listing of New Form(s)</p> <p style="text-align: center;">OR</p> <p style="text-align: center;">Annual Report of Forms</p>	<ul style="list-style-type: none"> Must be a separate document which lists: <ul style="list-style-type: none"> Line of insurance Form Numbers Form Titles Do not send actual forms Annual reports must be filed prior to July 1 of each year 	<p style="text-align: center;"><u>§10-15-105(1)(b)(II) and (III), C.R.S.</u></p> <p style="text-align: center;"><u>Colorado Regulation 1-1-6</u></p> <p style="text-align: center;"><u>Colorado Bulletin B-4.18</u></p>

PLEASE DO NOT SEND THIS CHECKLIST IN WITH THE FILING

FORM PN

**COLORADO PRENEED CERTIFICATION FORM
FOR ANNUAL REPORTS AND LISTINGS OF NEW CONTRACTS**

I, THE UNDERSIGNED OFFICER OF _____
(Name of Entity)

AM KNOWLEDGEABLE OF PRENEED FUNERAL CONTRACTS;

HAVE CAREFULLY REVIEWED THE CONTENTS OF THE CONTRACTS IDENTIFIED ON THE ATTACHED LISTING OF NEW CONTRACTS OR ANNUAL REPORT WHICH IS HEREBY FILED WITH THE COLORADO COMMISSIONER OF INSURANCE;

HAVE READ AND UNDERSTAND EACH OF THE APPLICABLE COLORADO LAWS AND REGULATIONS;

AM AWARE OF THE PENALTIES WHICH MAY BE ENFORCED FOR CERTIFICATION OF A NONCOMPLYING CONTRACT; AND

CERTIFY THAT THE CONTRACTS IDENTIFIED ON THE LISTING OF NEW CONTRACTS OR ANNUAL REPORT, FILED WITH THIS CERTIFICATION, ARE IN FULL COMPLIANCE WITH ALL RELEVANT COLORADO INSURANCE LAWS AND REGULATIONS.

(**Original** Signature of Officer*)

(Title of Officer*)

(Printed Name of Officer*)

(Date)

** If the individual signing the certification is other than the president, vice president, assistant vice president, corporate secretary, assistant corporate secretary, CEO, CFO, COO, general counsel, or an actuary that is also a corporate officer, documentation must be included that shows that this individual has been appointed as an officer of the organization by the Board of Directors.*

STATE OF COLORADO

COMPANY CHECKLIST FOR PREPAID DENTAL FORM FILINGS

REQUIRED ITEMS FOR A COMPLETE FILING

REQUIRED	INFORMATION	STATUTORY/ REGULATION/ INFORMATION CITE
Letter of Authority	<ul style="list-style-type: none">• If a filing is being submitted by a third party on behalf of the insurance entity, a copy of the letter authorizing the third party to make the filing is required to be submitted with each filing.• The filing must be submitted under the insurance entity's name and using the proper NAIC Company Code.	<u>§10-16-107.2, C.R.S.</u>
All prepaid dental forms (enrollee coverage or amendment, advertising and/or sales material) are prior approval and must be submitted for review.	<ul style="list-style-type: none">• ALL Forms must be submitted in SERFF	<u>§10-16-107(4)(d), C.R.S.</u>

PLEASE DO NOT SEND THIS CHECKLIST IN WITH THE FILING

STATE OF COLORADO

COMPANY CHECKLIST FOR MEDICARE SUPPLEMENT FORM FILINGS

REQUIRED ITEMS FOR A COMPLETE FILING

REQUIRED	INFORMATION	STATUTORY/ REGULATION/ INFORMATION CITE
Letter of Authority	<ul style="list-style-type: none">If a filing is being submitted by a third party on behalf of the insurance entity, a copy of the letter authorizing the third party to make the filing is required to be submitted with each filing.The filing must be submitted under the insurance entity's name and using the proper NAIC Company Code.	<u>§10-16-107.2, C.R.S.</u>
All Medicare supplement forms are prior approval and must be submitted for review. Advertisements must be filed prior to or concurrent with use.	<ul style="list-style-type: none">All Forms must be submitted in SERFFAll Medicare Supplement advertising documents must state that your company offers Medicare Supplement plans to qualified individuals under the age of 65 due to disability.	<u>§10-18-108, C.R.S.</u> <u>Colorado Regulation 4-3-1</u>

PLEASE DO NOT SEND THIS CHECKLIST IN WITH THE FILING

STATE OF COLORADO

COMPANY CHECKLIST FOR ALL MEDICARE SUPPLEMENT RATE FILINGS

REQUIRED ITEMS FOR A COMPLETE FILING

REQUIRED ITEMS FOR COMPLETE FILING	INFORMATION	STATUTORY/ REGULATION/ INFORMATION CITE
Letter of Authority	<ul style="list-style-type: none"> If a filing is being submitted by a third party on behalf of the insurance entity, a copy of the letter authorizing the third party to make the filing is required to be submitted with each filing. The filing must be submitted under the insurance entity's name and using the proper NAIC Company Code. 	<u>§ 10-16-107.2, C.R.S.</u>
Form HR-1	<ul style="list-style-type: none"> Only one fully completed form must accompany each filing <p>Note: If the company is submitting for more than one standardized plan and uses a separate Form HR-1 for each plan, a separate filing is required for each plan and must contain all documentation required for a compliant rate filing. If aggregated data is submitted on one Form HR-1 for all plans, only one filing is required.</p>	<u>Colorado Regulation 4-2-11 (5)(B)(1)</u> <u>Colorado Bulletin B-4.18</u>
Actuarial Certification	<p>Should be signed and dated by a qualified actuary.</p> <p>Must include the following:</p> <ul style="list-style-type: none"> To the best of my knowledge and judgment, the following are true with respect to this Medicare Supplement rate filing: The assumptions present my best judgment as to the expected value for each assumption and are consistent with the Company's business plan at the time of the filing; The anticipated lifetime loss ratio, future loss ratios, and third year loss ratios all equal or exceed the applicable required loss ratio in Colorado; The filed rates maintain the proper relationship between policies which were originally filed with differing rating methodologies; The filing was prepared based on current standards of practice as promulgated by the Actuarial Standards Board, including the data quality standard of practice; The filing is in compliance with applicable Colorado laws and regulations; and The rates are reasonable in relationship to benefits. 	<u>Colorado Regulation 4-3-1 (14)(H)</u>
Actuarial Memorandum	Must contain all of the following items:	

1. All items required in Regulation 4-2-11	<ul style="list-style-type: none"> Please see Checklist for Health Rate Filings. 	<u>Colorado Regulation 4-2-11 (6)</u>
2. Discussion of the Credibility of the Underlying Data	<ul style="list-style-type: none"> Must discuss the credibility of the underlying data affected by the proposed rate change and MUST reference the Colorado credibility requirement of 2,000 lives and 2,000 claims 	<u>Colorado Regulation 4-3-1 (14)</u>
3. Discussion of the Aggregation of the Underlying Data	<ul style="list-style-type: none"> Must discuss how the underlying data was aggregated in order to meet the Colorado credibility standard and MUST reference the Colorado requirements for data aggregation 	<u>Colorado Regulation 4-3-1 (14)</u>
4. Actual-to-Expected Loss Ratio Analysis	<ul style="list-style-type: none"> Must include a listing(s) of the actual and expected loss ratios, by issue year and over all issue years, by policy duration, and a comparison of these two ratios. Each listing should include a total line identifying the actual and expected loss ratio for that period and a comparison of these two ratios. [This analysis should be provided over the aggregated data set(s).] 	<u>Colorado Regulation 4-3-1 (14)</u>
5. Third-year requirement	<ul style="list-style-type: none"> Must demonstrate that the loss ratio for policies in the third duration, and each subsequent duration, that is greater than or equal to 65% for Individual Policies and 75% for Group Policies. [This analysis should be provided over the aggregated data set(s).] 	<u>Colorado Regulation 4-3-1 (14)</u>
6. Historical Loss Ratio Requirement	<ul style="list-style-type: none"> Must demonstrate that the historical loss ratio requirement for Standardized Forms and the historical loss ratio requirements for Pre-Standardized Forms have been met. [This analysis should be provided over the aggregated data set(s).] 	<u>Colorado Regulation 4-3-1, (13)(A)(2)</u> <u>(Standardized Forms)</u> <u>Colorado Regulation 4-3-1,(13)(A)(5)(a) and (b)(Pre-Standardized Forms)</u>
7. Future Period Loss Ratio Requirement	<ul style="list-style-type: none"> The memorandum must demonstrate that the future period loss ratio requirement will be met. [This analysis should be provided over the aggregated data set(s).] 	<u>Colorado Regulation 4-3-1 (13)(A)(3)</u> <u>(Standardized Forms)</u> <u>Colorado Regulation 4-3-1,(13)(A)(5)(c)</u> <u>(Pre-Standardized Forms)</u>
8. Lifetime Loss Ratio Requirement	<ul style="list-style-type: none"> The memorandum must demonstrate that the lifetime loss ratio requirement will be met. [This analysis should be provided over the aggregated data set(s).] 	<u>Colorado Regulation 4-3-1 (13)(A)(1)</u> <u>(Standardized Forms)</u> <u>Colorado Regulation 4-3-1,(13)(A)(5)(d)</u> <u>(Pre-Standardized Forms)</u>

PLEASE DO NOT SUBMIT THIS CHECKLIST IN WITH THE FILING

STATE OF COLORADO

COMPANY CHECKLIST FOR REASONABLE MODIFICATIONS NOTIFICATION FILINGS

[Section 10-16-201.5(8), C.R.S.]

REQUIRED ITEMS FOR A COMPLETE FILING

REQUIRED	INFORMATION	STATUTORY/ REGULATION/ INFORMATION CITE
Letter of Authority	<ul style="list-style-type: none"> If a filing is being submitted by a third party on behalf of the insurance entity, a copy of the letter authorizing the third party to make the filing is required to be submitted with each filing. The filing must be submitted under the insurance entity's name and using the proper NAIC Company Code. 	§10-16-107, C.R.S.
Submitting in SERFF	<p>Filing must:</p> <ul style="list-style-type: none"> Be submitted using Filing Type – LETTER Use Filing Type of Letter and State Specific Code 750 Include a brief description of the modification in SERFF under the general tab 	<u>§ 10-1-203, C.R.S.</u>
Side-by-Side Comparison	<ul style="list-style-type: none"> A chart, table or spreadsheet that provides a comparison of the current benefits and the modified benefits 	<u>§ 10-1-203, C.R.S.</u> <u>Colorado Regulation 4-2-27</u>
Rating Impact	<ul style="list-style-type: none"> An attachment that provides an explanation of the impact the benefit modifications will have on the renewal rates <i>Please note:</i> If the policyholder notification will include a quote of rates different than those on file with the Division, a complete rate filing must be done concurrent with the effective date stated on the policyholder notification. This rate filing should not be submitted until after the Division has completed the review of the Reasonable Modification request. 	<u>§10-1-203, C.R.S.</u> <u>Colorado Regulation 4-2-27</u> <u>Colorado Regulation 4-2-11</u>
Policyholder Notification	<ul style="list-style-type: none"> A copy of the notification that will be sent to the policyholder at least 90 days prior to the renewal date. The notification should provide a clear explanation of all modifications being made, a clear explanation of the policyholder's right to purchase any other plan being offered in the same market segment and how additional information regarding those plans may be obtained. 	<u>§10-1-203, C.R.S.</u> <u>§10-16-201.5(8), C.R.S.</u> <u>Colorado Regulation 4-2-27</u>

PLEASE DO NOT SUBMIT THIS CHECKLIST IN WITH THE FILING

STATE OF COLORADO

COMPANY CHECKLIST FOR EXCESS LOSS INSURANCE FOR SELF-INSURED EMPLOYER HEALTH BENEFIT PLANS UNDER ERISA CERTIFICATION FOR FORM FILINGS

REQUIRED ITEMS FOR A COMPLETE FILING

REQUIRED	INFORMATION	STATUTORY/ REGULATION/ INFORMATION CITE
Letter of Authority	<ul style="list-style-type: none"> If a filing is being submitted by a third party on behalf of the insurance entity, a copy of the letter authorizing the third party to make the filing is required to be submitted with each filing. The filing must be submitted under the insurance entity's name and using the proper NAIC Company Code. 	§ 10-16-107.2, C.R.S.
All Excess Loss Coverage for Employer Health Benefit Plans under ERISA policy forms must be submitted with the certification form.	<ul style="list-style-type: none"> Must have current edition date 	§ 10-16-119, C.R.S.
Certification of Compliance	<ul style="list-style-type: none"> Must have company name It must contain an original signature of an entity officer (president, vice president, corporate secretary, assistant corporate secretary, CEO, CFO, COO, general counsel, or an actuary who is an entity officer) Note: Electronic signatures are not acceptable unless provided through a signature verification provider such as VeriSign). Must have current date 	§ 10-16-119, C.R.S. Colorado Regulation 1-1-6 Colorado Bulletin B-4.18 Exhibits: FORM EXCESS LOSS
All policy forms must be submitted with the certification form.	<ul style="list-style-type: none"> Forms must be submitted in SERFF Must have a current edition date 	§10-16-119, C.R.S. Colorado Regulation 1-1-6 Colorado Bulletin B-4.18

PLEASE DO NOT SEND THIS CHECKLIST IN WITH THE FILING

FORM EXCESS LOSS

COLORADO EXCESS LOSS INSURANCE FOR *SELF-INSURED* **EMPLOYER BENEFIT PLANS UNDER ERISA CERTIFICATION FORM**

I, THE UNDERSIGNED OFFICER OF _____
(Name of Entity)

AM KNOWLEDGEABLE OF EXCESS LOSS INSURANCE FOR SELF-INSURED EMPLOYER BENEFIT PLANS UNDER ERISA;

HAVE CAREFULLY REVIEWED THE CONTENTS OF THE POLICY FORMS ATTACHED TO THIS CERTIFICATION;

WHICH IS HEREBY FILED WITH THE COLORADO COMMISSIONER OF INSURANCE;

HAVE READ AND UNDERSTAND EACH OF THE APPLICABLE COLORADO LAWS AND REGULATIONS;

AM AWARE OF THE PENALTIES WHICH MAY BE ENFORCED FOR CERTIFICATION OF A NONCOMPLYING FORM; AND

CERTIFY, TO THE BEST OF MY KNOWLEDGE THAT THE POLICY FORMS ATTACHED AND FILED WITH THIS CERTIFICATION, ARE IN FULL COMPLIANCE WITH ALL COLORADO INSURANCE LAWS AND REGULATIONS.

(**Original** Signature of Officer*)

(Title of Officer*)

(Printed Name of Officer*)

(Date)

** If the individual signing the certification is other than the president, vice president, assistant vice president, corporate secretary, assistant corporate secretary, CEO, CFO, COO, general counsel, or an actuary that is also a corporate officer, documentation must be included that shows that this individual has been appointed as an officer of the organization by the Board of Directors.*

STATE OF COLORADO

COMPANY CHECKLIST FOR **BONA FIDE ASSOCIATIONS**

REQUIRED ITEMS FOR A COMPLETE FILING

REQUIRED	INFORMATION	STATUTORY/ REGULATION/ INFORMATION CITE
A. The association must have been actively in existence for at least five years.	<p>Must submit:</p> <ul style="list-style-type: none"> • Copies of original papers establishing the date the association was formed (e.g., minutes of the first association meeting) 	<p><u>§ 10-16-102 (5.5)(a), C.R.S.</u></p>
B. The association must have been formed and maintained in good faith for purposes other than obtaining insurance and does not condition membership on the purchase of association-sponsored insurance.	<p>Must submit:</p> <ul style="list-style-type: none"> • A copy of the association's bylaws, constitution, and/or charter which highlights who established the association, for what purpose, and what the classes of membership are • Copies of membership application materials and guidelines should also be submitted 	<p><u>§ 10-16-102 (5.5)(b), C.R.S.</u></p>
C. The association does not condition membership in the association on any health-status related factor relating to an individual (including an employee or a dependent of an employee) and clearly so states in all membership and application materials.	<p>Must submit:</p> <ul style="list-style-type: none"> • Copies of all current membership and application materials highlighting the statement that the association does not condition membership in the association on any health-status related factor relating to an individual (including an employee of an employer or a dependent of an employee) 	<p><u>§ 10-16-102 (5.5)(c), C.R.S.</u></p>
D. The association makes health insurance coverage offered through the association available to all members regardless of any health status-related factor relating to such members (or individuals eligible for coverage through a member) and clearly so states in all membership and application materials.	<p>Must submit:</p> <ul style="list-style-type: none"> • Copies of all current marketing and application materials highlighting statement that the health insurance coverage offered through the association is made available to all members regardless of any health status-related factor relating to such members (or individuals eligible for coverage through a member) 	<p><u>§ 10-16-102 (5.5)(d), C.R.S.</u></p>
E. The association does not make health insurance coverage offered through the association available other than in connection with a member of the association and clearly so states in all marketing and application materials.	<p>Must submit:</p> <ul style="list-style-type: none"> • Copies of all current marketing and application materials highlighting the statement that the association does not make health insurance coverage offered through the association available other than in connection with someone who is a member of the association 	<p><u>§ 10-16-102 (5.5)(e), C.R.S.</u></p>

<p>F. The association provides and annually updates information necessary for the commissioner to determine whether or not the association meets the definition of a bona fide association before qualifying as a bona fide association for the purposes of this Article 16.</p>	<ul style="list-style-type: none"> • Association provides the documentation listed below and updates the documentation each calendar year thereafter, no later than January 31. <p>Must submit:</p> <ul style="list-style-type: none"> • Marketing Materials • Applications • Submission of materials should be accompanied by a cover letter from an officer of the association stating that the association does meet the definition of a bona fide association, as shown in the enclosed documents • Submit cover letter, applications marketing materials to: Rates and Forms Section; Colorado Division of Insurance; 1560 Broadway, Suite 850; Denver, CO 80202 	<p><u>§ 10-16-102 (5.5)(f), C.R.S.</u></p>
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Colorado State Specific Filing Codes

State Specific Codes are not required for all filings. However, these codes must be used, if applicable, to get to the level of benefits being presented in the filing.

PLEASE DO NOT INCLUDE THIS LISTING WITH THE FILING

CODE	NARRATIVE	FILING TYPE
410	Withdrawal from CO Market	
411	Withdraw a specific filing or product	
412	Withdraw from a specific line of business	
616	Multi State Association	
620	Basic & Standard Conversion- Indemnity- H06.000	
621	Basic & Standard Conversion- PPO- H06.000	
622	Basic & Standard Conversion- HMO- HOrg03.000	
627	Point of Service – HMOs use: HOrg02G.004E	
630	Business Group of One Report – H21	Other
632	Prescription Drugs	
633	Small Group Rate Cert (4-2-11) – H21	Annual – due March 1
642	Annual Health Rate Cert (4-2-11) – H21	Annual – due June 1
650	Mandate Exception	
651	Bona Fide Association – H16G.003G	
652	LTC Replacement/Lapse Report – LTC06	Annual – due June 30
653	LTC Rescission Report – LTC06	Annual – due June 30
654	LTC Claims Denial Report – LTC06	Annual – due June 30
655	LTC Suitability Report – LTC06	Annual – due June 30
656	LTC Partnership Program	
657	HMO Limited Health Benefit Plan – HOrg03.000	
660	Credit Unions	
700	Large Group	
701	Small Group	
702	Individual Conversion	
703	Med supp Annual Report	
704	Medsup Refund Calculation – MS06	Annual – due May 31
710	Preneed Trust Manuscript – ML02	
711	Preneed Insurance Manuscript – ML02	
712	Preneed Trust Prototype – ML02	
713	Preneed Insurance Prototype – ML02	
715	Medsup Dup Policy Report – MS06	Annual – due March 1
721	Life Illustration - Annual Cert – L08	Annual
722	Life Illustration - Actuary Appt – L08	Other
723	Life Illustration – New Form – L08	
726	Credit A&H	
727	Credit Dismemberment	
730	Group Medsup Under Age 65	
735	Individual Medsup Under Age 65	
739	Combined Medsup Filing Multiple Plans	
740	Assessment Fee	
750	Reasonable Modifications	Letter or Form
760	Prior Approval – HB-08-1389	
805	Name Change	
849	Annual Forms Certification – H21 , HMOs Use: HOrg03.000	Annual
850	Individual	
871	Large Deductible	
883	CoverCO MedSup Cert B-4.29	
888	Confidential	

***Medsup Advertising use MS06.000**

***HMO Large Group Other use Horg03.000, 700**

Colorado Quick Reference Guide for Uniform Life, Accident & Health, Annuity and Credit Coding Matrix

For a more detailed listing please visit: <http://www.naic.org/>

PLEASE DO NOT INCLUDE THIS LISTING WITH THE FILING

TYPE OF INSURANCE	Sub-Type of Insurance	State Specific Codes (This listing is not all inclusive. Please see the State Specific Codes page)
A10 Annuities - Other	A01 Annuities – Assmpt Agrmt	
	A02.1G Grp Annuity Dfrd NV/Var	
	A02.1I Ind Annuity Dfrd NV/Var	
	A02G Grp Annuity Defer Non-Var	
	A02I Ind Annuity Defer Non-Var	
	A03G Grp Annuity Dfrd Variable	
	A03I Ind Annuity Dfrd Variable	
	A04G Immediate	
	A04I Ind Annuities-Immediate	
	A05G Grp Annuity Immed Non-Var	
	A05I Ind Annuity Immed Non-Var	
	A06.1G Grp Annty Immed NV/Var	
	A06.1I Ind Annty Immed NV/Var	
	A06G Group Annuities Immed Var	
	A06I Indv Annuities Immed Var	
	A07G Group Annuities - Special	
	A07I Indiv Annuities - Special	
	A08G Grp Annuities Unallocated	
	A10 Annuities - Other	
	CC01G Group Cont Care Ret Comm	
	CC01I Indv Cont Care Ret Comm	
CR01 Credit Assumption Agrmt	CR01.001 Credit Assumption Agrmt	
CR02G Group Credit - Credit Disability	CR02G Grp Crdt - Crdt Dsblty	
	CR02G.001 Monthly Premium - Open-End	
	CR02G.002 Monthly Premium - Closed-End	
	CR02G.003 Single Premium	
	CR02G.004 Full Term	
	CR02G.005 Critical Period	
	CR02G.006 Truncated	
	CR02G.007 Other	
CR02I Individual Credit - Credit Disability	CR02I.001 Monthly Premium - Open-End	
	CR02I.002 Monthly Premium - Closed-End	
	CR02I.003 Single Premium	
	CR02I.004 Full Term	
	CR02I.005 Critical Period	
	CR02I.006 Truncated	
	CR02I.007 Other	
CR03G Group Credit - FMLA	CR03G.001 Monthly Premium - Open-End	
	CR03G.002 Monthly Premium - Closed-End	
	CR03G.003 Single Premium	
CR03I Individual Credit -FMLA	CR03I.001 Monthly Premium - Open-End	726 / 727 if applicable
	CR03I.002 Monthly Premium - Closed-End	"
	CR03I.003 Single Premium	"
CR04G Group Credit - Life	CR04G.001 Monthly Premium - Open-End	726 / 727 if applicable
	CR04G.002 Monthly Premium - Closed-End	"
	CR04G.003 Single Premium	"
	CR04G.004 Gross	"
	CR04G.005 Net	"

	CR04G.006 Truncated	"
CR04I Individual Credit - Life	CR04I.001 Monthly Premium - Open-End	726 / 727 if applicable
	CR04I.002 Monthly Premium - Closed-End	"
	CR04I.003 Single Premium	"
	CR04I.004 Gross	"
	CR04I.005 Net	"
	CR04I.006 Truncated	"
CR06 Credit - Involuntary Unemployment	CR06.001 Monthly Premium - Open-End	726 / 727 if applicable
	CR06.002 Monthly Premium - Closed-End	"
	CR06.003 Single Premium	"
CR07 Credit - Other	CR07.000 Credit - Other	849 – Annual Certification
H01 Health - Assumption Agreement	H01.000 Health - Assumption Agreement	
H02G Group Health - Accident Only	H02G.000 Health - Accident Only	700 - Large Group OR 701 - Small Group
H02I Individual Health - Accident Only	H02I.000 Health - Accident Only	
H03G Group Health - Accidental Death & Dismemberment	H03G.000 Health - Accidental Death & Dismemberment	700 - Large Group OR 701 - Small Group
H03I Individual Health - Accidental Death & Dismemberment	H03I.000 Health - Accidental Death & Dismemberment	
H04 Health - Blanket Accident/Sickness	H04.000 Health - Blanket Accident/Sickness	
	H04.001 Student	
H05 Health - Champus/Tricare Supplement	H05.000 Health - Champus/Tricare Supplement	
H06 Health - Conversion	H06.000 Health - Conversion	850 - Individual
H07G Group Health - Specified Disease - Limited Benefit		
	H07G.001 Critical Illness	700 - Large Group OR 701 - Small Group
	H07G.002 Dread Disease	700 - Large Group OR 701 - Small Group
	H07G.002A Dread Disease - Cancer Only	700 - Large Group OR 701 - Small Group
	H07G.003 HIV Indemnity	700 - Large Group OR 701 - Small Group
H07I Individual Health - Specified Disease - Limited Benefit		
	H07I.001 Critical Illness	
	H07I.002 Dread Disease	
	H07I.002A Dread Disease - Cancer Only	
	H07I.003 HIV Indemnity	
H08G Group Health - Intensive Care - Limited Benefit	H08G.000 Health - Intensive Care - Limited Benefit	700 - Large Group OR 701 - Small Group
H08I Individual Health - Intensive Care - Limited Benefit	H08I.000 Health - Intensive Care - Limited Benefit	
H09G Group Health - Organ & Tissue Transplant - Limited Benefit	H09G.000 Health - Organ & Tissue Transplant - Limited Benefit	
H09I Individual Health - Organ & Tissue Transplant - Limited Benefit	H09I.000 Health - Organ & Tissue Transplant - Limited Benefit	
H10G Group Health - Dental	H10G.000 Health - Dental	700 - Large Group OR 701 - Small Group
H10I Individual Health - Dental	H10I.000 Health - Dental	
H11G Group Health - Disability Income		
	H11G.001 Business Overhead Expense	
	H11G.002 Short Term	700 - Large Group OR 701 - Small Group
	H11G.003 Long Term	700 - Large Group OR 701 - Small Group
	H11G.004 Other	700 - Large Group OR 701 - Small Group

	H11G.005 Combined Short Term and Long Term	700 - Large Group OR 701 - Small Group
H11I Individual Health - Disability Income		
	H11I.001 Business Overhead Expense - Unrelated to marketing with employer or association groups	
	H11I.002 Short Term - Unrelated to marketing with employer or association groups	
	H11I.003 Long Term - Unrelated to marketing with employer or association groups	
	H11I.004 Other	
	H11I.005 Business Overhead Expense - Related to marketing with employer or association groups	
	H11I.006 Short Term - Related to marketing with employer or association groups	
	H11I.007 Long Term - Related to marketing with employer or association groups	
	H11I.008 Combined Short Term and Long Term - Unrelated to marketing with employer or association groups	
	H11I.009 Combined Short Term and Long Term - Related to marketing with employer or association groups	
H12 Health - Excess/Stop Loss		
	H12.001 Accident & Sickness	700 - Large Group OR 701 - Small Group
	H12.002 Managed Care	700 - Large Group OR 701 - Small Group
	H12.003 Provider	700 - Large Group OR 701 - Small Group
	H12.004 Self-Funded Health Plan	700 - Large Group OR 701 - Small Group
H13G Group Health - Short Term Care		
	H13G.001 Home Health Care	700 - Large Group OR 701 - Small Group
	H13G.002 Nursing Home	700 - Large Group OR 701 - Small Group
	H13G.003 Adult Day Care	700 - Large Group OR 701 - Small Group
H13I Individual Health - Short Term Care	H13I.001 Home Health Care	
	H13I.002 Nursing Home	
	H13I.003 Adult Day Care	
H14G Group Health - Hospital Indemnity	H14G.000 Health - Hospital Indemnity	700 - Large Group OR 701 - Small Group
H14I Individual Health - Hospital Indemnity	H14I.000 Health - Hospital Indemnity	
H15G Group Health - Hospital/Surgical/Medical Expense		
	H15G.002 Large Group Only	
	H15G.003 Small Group Only	
H15I Individual Health - Hospital/Surgical/Medical Expense	H15I.001 Health - Hospital/Surgical/Medical Expense	
H16G Group Health - Major Medical		
	H16G.002A Large Group Only - PPO	
	H16G.002B Large Group Only - POS	
	H16G.002C Large Group Only - Other	
	H16G.002C Large Group Only - Other	616 - Multi State Association
	H16G.002C Large Group Only - Other	805 - Name change

	H16G.003A Small Group Only - PPO	
	H16G.003B Small Group Only - PPO Basic	
	H16G.003C Small Group Only - PPO Standard	
	H16G.003D Small Group Only - POS	
	H16G.003E Small Group Only - POS Basic	
	H16G.003F Small Group Only - POS Standard	
	H16G.003G Small Group Only - Other	651 - Bona Fide Association
	H16G.003G Small Group Only - Other	750 - Reasonable Modifications
	H16G.004 Short Term	
H16I Individual Health - Major Medical		
	H16I.004 Short Term	
	H16I.005A Individual - Preferred Provider (PPO)	
	H16I.005B Individual - Point-of-Service (POS)	
	H16I.005C Individual - Other (e.g. Indemnity)	750 - Reasonable Modifications
	H16I.005C Individual - Other (e.g. Indemnity)	
H17G Group Health - Prescription Drug	H17G.000 Health - Prescription Drug	700 - Large Group OR 701 - Small Group
H17I Individual Health - Prescription Drug	H17I.000 Health - Prescription Drug	
H18G Group Health - Sickness	H18G.000 Health - Sickness	700 - Large Group OR 701 - Small Group
H18I Individual Health - Sickness	H18I.000 Health - Sickness	
H19I Individual Health - Travel	H19I.000 Health - Travel	
H19G Group Health - Travel	H19G.000 Health - Travel	
H20G Group Health - Vision	H20G.000 Health - Vision	700 - Large Group OR 701 - Small Group
H20I Individual Health - Vision	H20I.000 Health - Vision	
H21 Health - Other	H21.000 Health - Other	849 - Annual Forms Certification
H21 Health - Other	H21.000 Health - Other	630 - Business Group of One Report
H21 Health - Other	H21.000 Health - Other	633 - Small Group Rate Cert (4-6-7)
H21 Health - Other	H21.000 Health - Other	642 - Annual Health Rate Cert (4-2-11)
H21 Health - Other	H21.000 Health - Other	805 - Name change
HOrg02G Group Health Organizations - Health Maintenance (HMO)		
	HOrg02G.001 Conversion	
	HOrg02G.003A Large Group Only - PPO	
	HOrg02G.003B Large Group Only - POS	
	HOrg02G.003C Large Group Only - HMO	
	HOrg02G.003D Large Group Only - Other	
	HOrg02G.004A Small Group Only - PPO Basic	
	HOrg02G.004B Small Group Only - PPO Standard	
	HOrg02G.004C Small Group Only - POS Basic	
	HOrg02G.004D Small Group Only - POS Standard	
	HOrg02G.004E Small Group Only - Other	627 - Point of Service
	HOrg02G.004E Small Group Only - Other	750 - Reasonable Modifications
	HOrg02G.004F Small Group Only - HMO	

HOrg02I Individual Health Organizations - Health Maintenance (HMO)		
	HOrg02I.005A Individual - Preferred Provider (PPO)	
	HOrg02I.005B Individual - Point-of-Service (POS)	
	HOrg02I.005C Individual - Other	
	HOrg02I.005D Individual - HMO	
HOrg03 Health - Other	HOrg03.000 Health – Other	657 – HMO Limited Health Benefit Plan
HOrg03 Health - Other	HOrg03.000 Health - Other	805 - Name change
HOrg03 Health - Other	HOrg03.000 Health - Other	700 - Large Group
HOrg03 Health – Other	HOrg03.000 Health – Other	701 – Small Group
HOrg03 Health – Other	HOrg03.000 Health – Other	850 – Individual Conversion
HOrg03 Health - Other	HOrg03.000 Health - Other	750 - Reasonable Modifications
HOrg03 Health – Other	HOrg03.000 Health – Other	849 – Annual Form Certification
L01 Life - Assumption Agreement	L01.000 Life - Assumption Agreement	
	L02G Group Life - Endowment	
	L02I Indiv Life - Endowment	
	L03G Group Life - Special	
	L03I Individual Life - Special	
	L04G Group Life - Term	
	L04I Individual Life - Term	
	L05G Universal	
	L05I Universal	
	L06G Group Life - Variable	
	L06I Individual Life-Variable	
	L07G Group Life - Whole	
	L07I Individual Life - Whole	
L08 Life - Other	L08.000 Life - Other	
	L08.000 Life - Other	721 - Life Illustration - Annual Cert
	L08.000 Life - Other	722 - Life Illustration - Actuary Appt
	L08.000 Life - Other	723 – Life Illustration – New Form
LTC01 Long Term Care-Assmp Agrmt	LTC01.000 Lng Trm Care-Assmp Agrmt	
LTC02G Group Long Term Care - Home Health Care Only		If LTC Partnership Program applies, please use state code 656.
	LTC02G.001 Qualified	
	LTC02G.002 Non Qualified	
	LTC02G.003 Other	
LTC02I Individual Long Term Care - Home Health Care Only		If LTC Partnership Program applies, please use state code 656.
	LTC02I.001 Qualified	
	LTC02I.002 Non Qualified	
	LTC02I.003 Other	
LTC03G Group Long Term Care		If LTC Partnership Program applies, please use state code 656.
	LTC03G.001 Qualified	
	LTC03G.002 Non Qualified	
	LTC03G.003 Other	

	LTC03G.004 Partnership	
LTC03I Individual Long Term Care		If LTC Partnership Program applies, please use state code 656.
	LTC03I.001 Qualified	
	LTC03I.002 Non Qualified	
	LTC03I.003 Other	
	LTC03I.004 Partnership	
LTC04G Group Long Term Care - Nursing Home		If LTC Partnership Program applies, please use state code 656.
	LTC04G.001 Qualified	
	LTC04G.002 Non Qualified	
	LTC04G.003 Other	
LTC04I Individual Long Term Care - Nursing Home		If LTC Partnership Program applies, please use state code 656.
	LTC04I.001 Qualified	
	LTC04I.002 Non Qualified	
	LTC04I.003 Other	
LTC05G Group Long Term Care - Nursing Home & Home Health Care		If LTC Partnership Program applies, please use state code 656.
	LTC05G.001 Qualified	
	LTC05G.002 Non Qualified	
	LTC05G.003 Other	
LTC05I Individual Long Term Care - Nursing Home & Home Health Care		If LTC Partnership Program applies, please use state code 656.
	LTC05I.001 Qualified	
	LTC05I.002 Non Qualified	
	LTC05I.003 Other	
LTC05.1G Group Assisted Living Care		If LTC Partnership Program applies, please use state code 656.
	LTC05.1G.001 Qualified	
	LTC05.1G.002 Non Qualified	
	LTC05.1G.003 Other	
LTC05.1I Individual Assisted Living Care		If LTC Partnership Program applies, please use state code 656.
	LTC05.1I.001 Qualified	
	LTC05.1I.002 Non Qualified	
	LTC05.1I.003 Other	
LTC05.2G Group Adult Day Care		If LTC Partnership Program applies, please use state code 656.
	LTC05.2G.001 Qualified	
	LTC05.2G.002 Non Qualified	
	LTC05.2G.003 Other	
LTC05.2I Individual Adult Day Care		If LTC Partnership Program applies, please use state code 656.
	LTC05.2I.001 Qualified	
	LTC05.2I.002 Non Qualified	
	LTC05.2I.003 Other	
LTC06 Long Term Care - Other	LTC06.000 Long Term Care	706652 LTC Replacement/

		Lapse Report
LTC06 Long Term Care - Other	LTC06.000 Long Term Care - Other	646 653 LTC Rescission Report
LTC06 Long Term Care - Other	LTC06.000 Long Term Care	654 Claims Denial Report
	LTC06.000 Long Term Care - Other	655 Suitability Report
	ML01 Multi-Line Assumpt Agrmt	LTC Lapse Report
	ML02 Multi-Line - Other	LTC Lapse Report
	MS01 Medicare Supp-Assmp Agrmt	
MS02G Group Medicare Supplement - Pre-Standardized	MS02G.000 Medicare Supplement - Pre-Standardized	
MS02I Individual Medicare Supplement - Pre-Standardized	MS02I.000 Medicare Supplement - Pre-Standardized	
MS03G Group Medicare Supplement - Medicare + Choice/Advantage	MS03G.000 Medicare Supplement - Medicare + Choice/Advantage	
MS03I Individual Medicare Supplement - Medicare + Choice/Advantage	MS03I.000 Medicare Supplement - Medicare + Choice/Advantage	
MS04G Group Medicare Supplement - Medicare Select		
	MS04G.001 Plan A	
	MS04G.002 Plan B	
	MS04G.003 Plan C	
	MS04G.004 Plan D	
	MS04G.005 Plan E	
	MS04G.006 Plan F (Basic)	
	MS04G.007 Plan F (High)	
	MS04G.008 Plan G	
	MS04G.009 Plan H	
	MS04G.010 Plan I	
	MS04G.011 Plan J (Basic)	
	MS04G.012 Plan J (High)	
	MS04G.013 Plan K	
	MS04G.014 Plan L	
MS04I Individual Medicare Supplement - Medicare Select		
	MS04I.001 Plan A	
	MS04I.002 Plan B	
	MS04I.003 Plan C	
	MS04I.004 Plan D	
	MS04I.005 Plan E	
	MS04I.006 Plan F (Basic)	
	MS04I.007 Plan F (High)	
	MS04I.008 Plan G	
	MS04I.009 Plan H	
	MS04I.010 Plan I	
	MS04I.011 Plan J (Basic)	
	MS04I.012 Plan J (High)	
	MS04I.013 Plan K	
	MS04I.014 Plan L	
MS05G Group Medicare Supplement - Standard Plans		
	MS05G.001 Plan A	
	MS05G.002 Plan B	
	MS05G.003 Plan C	
	MS05G.004 Plan D	
	MS05G.005 Plan E	
	MS05G.006 Plan F (Basic)	
	MS05G.007 Plan F (High)	
	MS05G.008 Plan G	
	MS05G.009 Plan H	

	MS05G.010 Plan I	
	MS05G.011 Plan J (Basic)	
	MS05G.012 Plan J (High)	
	MS05G.013 Plan K	
	MS05G.014 Plan L	
MS05I Individual Medicare Supplement - Standard Plans		
	MS05I.001 Plan A	
	MS05I.002 Plan B	
	MS05I.003 Plan C	
	MS05I.004 Plan D	
	MS05I.005 Plan E	
	MS05I.006 Plan F (Basic)	
	MS05I.007 Plan F (High)	
	MS05I.008 Plan G	
	MS05I.009 Plan H	
	MS05I.010 Plan I	
	MS05I.011 Plan J (Basic)	
	MS05I.012 Plan J (High)	
	MS05I.013 Plan K	
	MS05I.014 Plan L	
MS06 Medicare Supplement - Other	MS06.000 Medicare Supplement - Other	704 - Medsup Refund Calculation
MS06 Medicare Supplement - Other	MS06.000 Medicare Supplement - Other	Medsup Advertising
MS06 Medicare Supplement - Other	MS06.000 Medicare Supplement - Other	703 Medsup Annual Report
MS06 Medicare Supplement - Other	MS06.000 Medicare Supplement - Other	715 Medsup Dup Policy Report
MS07G Group Medicare Supplement – Medicare Select 2010	MS07G.001 Plan A 2010	
	MS07G.002 Plan B 2010	
	MS07G.003 Plan C 2010	
	MS07G.004 Plan D 2010	
	MS07G.005 Plan F (Basic) 2010	
	MS07G.006 Plan F (High) 2010	
	MS07G.007 Plan G 2010	
	MS07G.008 Plan K 2010	
	MS07G.009 Plan L 2010	
	MS07G.010 Plan M 2010	
	MS07G.011 Plan N 2010	
	MS07G.012 Plan Other 2010	
MS07I Individual Medicare Supplement – Medicare Select 2010		
	MS07I.001 Plan A 2010	
	MS07I.002 Plan B 2010	
	MS07I.003 Plan C 2010	
	MS07I.004 Plan D 2010	
	MS07I.005 Plan F (Basic) 2010	
	MS07I.006 Plan F (High) 2010	
	MS07I.007 Plan G 2010	
	MS07I.008 Plan K 2010	
	MS07I.009 Plan L 2010	
	MS07I.010 Plan M 2010	
	MS07I.011 Plan N 2010	
	MS07I.012 Plan Other 2010	
MS08G Group Medicare Supplement – Standard Plans 2010		
	MS08G.001 Plan A 2010	
	MS08G.002 Plan B 2010	
	MS08G.003 Plan C 2010	
	MS08G.004 Plan D 2010	

	MS08G.005 Plan F (Basic) 2010	
	MS08G.006 Plan F (High) 2010	
	MS08G.007 Plan G 2010	
	MS08G.008 Plan K 2010	
	MS08G.009 Plan L 2010	
	MS08G.010 Plan M 2010	
	MS08G.011 Plan N 2010	
MS08I Individual Medicare Supplement – Standard Plans 2010		
	MS08I.001 Plan A 2010	
	MS08I.002 Plan B 2010	
	MS08I.003 Plan C 2010	
	MS08I.004 Plan D 2010	
	MS08I.005 Plan F (Basic) 2010	
	MS08I.006 Plan F (High) 2010	
	MS08I.007 Plan G 2010	
	MS08I.008 Plan K 2010	
	MS08I.009 Plan L 2010	
	MS08I.010 Plan M 2010	
	MS08I.011 Plan N 2010	
ML01 Multi-Line - Assumption Agreement	ML01.000 Multi-Line - Assumption Agreement	
ML02 Multi-Line - Other	ML02.000 Multi-Line - Other	710- Preneed Trust Manuscript
ML02 Multi-Line - Other	ML02.000 Multi-Line - Other	711 - Preneed Insurance Manuscript
ML02 Multi-Line - Other	ML02.000 Multi-Line - Other	712 - Preneed Trust Prototype
ML02 Multi-Line - Other	ML02.000 Multi-Line - Other	713 - Preneed Insurance Prototype
ML02 Multi-Line - Other	ML02.000 Multi-Line - Other	805 - Name Change
ML02 Multi-Line - Other	ML02.000 Multi-Line - Other	
VS01 Viatical Settlements	VS01.000 Viatical Settlements	